

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/646450 FILING DATE APPLICANT(S) 	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.		↓		↓		↓		
TOTAL DEP.		↔		↔		↔		
TOTAL CLAIMS		↓		↓		↓		
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS								
FORM PTO-1360 (REV. 3-78)								
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